



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED  
JUN 12 2009  
DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. CG3-22369 WRIA 58  
DATE ACCEPTED 6 / 16 / 2009 BY KY  
FEE \$ 50.00 REC'D 6 / 12 / 2009  
CHECK No. 1004  
ECY Coding: 001-002-WR10285-000011  
SEPA: ☒ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME Hunters Water District	PHONE NO. (509) 722-3382	FAX NO. ( )
ADDRESS PO Box 107		
CITY Hunters	STATE WA	ZIP CODE 99137

CONTACT NAME (IF DIFFERENT FROM ABOVE) Gene St.Godard	PHONE NO. (509)-953-9395	FAX NO. ( )
ADDRESS PO Box 28755		
CITY Spokane	STATE WA	ZIP CODE 99228

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G3-22369	RECORDED NAME(S) Hunters Water District
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_

ANGE

CG3-22369  
4634147

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	1	E1/2	NW	07	30N	37E	8000999	AHC125
Groundwater	2	E1/2	NW	07	30N	37E	8000999	AHC126

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater	A	NW	NE	07	30N	37E	8009775	Existing
Groundwater	3	SE	NE	12	30N	36E	1528900	Proposed
Groundwater	4	E1/2	SE	12	30N	36E	1528900	Proposed

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING: ☒ YES ☐ NO      PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:  
Proposed well sites are on property owned by: Michael Schwartz, PO Box 133, Hunters, WA 99137  
Access to property for sale will be completed upon identification of well sites  
Existing well was used by Columbia School District prior to hook-up to Hunter Water District System: PO Box 7, Hunters, WA 99137

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: No Change

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use: No Change – within the Hunters Water District Service Area

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Certificate 526 and 527

6. Remarks and Other Relevant Information:

Additional source well(s) are proposed for blending into the water supply thereby reducing the Arsenic, Iron and Manganese levels to meet state and federal drinking water MCL's. New source wells may be 8" or 10" in diameter depending upon results. An 8" transmission water main will carry water to a connection point within the existing Hunters Water District system and be blended with the existing groundwater withdrawal. The Town does not meet arsenic levels and is a priority for DOH to find new water sources.

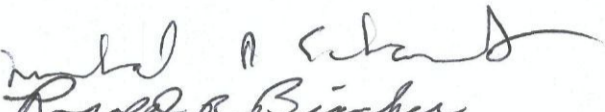
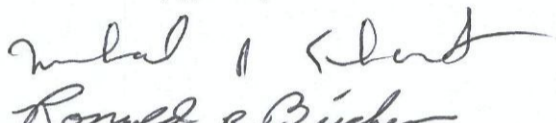
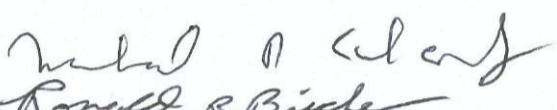
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 _____ (Applicant)	<u>614109</u> (Date)
 _____ (Water Right Holder)	<u>614109</u> (Date)
 _____ (Land Owner(s) of Existing Place of Use) Hunters WATER DISTRICT	<u>614109</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_